

CSE/jwb
01/10/02

PATENT APPLICATION
DET NO. 0725.1056-001

1645



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
FEB 22 2002
TECH CENTER 1600/2900

Applicants: James M. Hogle, Harmon J. Zuccola, David Filman and Carl Elkin

Application No.: 09/347,175 Group: 1645
Filed: July 1, 1999 Examiner: R. Zeman
For: Oligomerization of Hepatitis Delta Antigen

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>1-10-02</u>	<u>Judy Breen</u>
Date	Signature
<u>Judy Breen</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	57	MINUS	* 57	0
INDEP	13	MINUS	** 13	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 9	\$ 0
X	\$42	\$ 0
+	\$140	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$18	\$
X	\$84	\$
+	\$280	\$

TOTAL = \$

FEB 13 2002
TC 1700

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

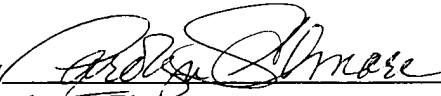
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
Carolyn S. Elmore
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Telephone (978) 341-0036
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Concord, Massachusetts 01742-9133

Dated: 1/10/02